

SUMMER 2003

Alcohol, Tobacco and Other Drugs

Prevention File



Alcohol Policy 13

■ What Do We Know about Preventing Alcohol Problems among Young People?

■ New Directions in Vermont

■ Paying the Piper When It Comes to the Costs of Alcohol Problems

Alcohol Problems Extensive among ER Patients

It's common knowledge among people who work in emergency rooms that many ER patients have alcohol or other drug problems. Now a University of Tennessee study (*Annals of Emergency Medicine*, No. 41, June 2003) reveals just how extensive they are.

Researchers found that 27 percent of the patients seeking treatment services at seven Tennessee ER's needed addiction treatment. On a larger scale,

the researchers determined that 22 million patients nationwide are dependent on drugs—based on the study findings that one in every four entering emergency rooms in Tennessee is drug-dependent. However, a diagnosis of a drug-related problem was recorded in the charts of only 1.1 percent of the patients.

Study authors Ian Rockett, PhD; Sandra Putnam, PhD; Haomiao Jia, PhD, and Gordon Smith, MD, say the emergency rooms can be important venues for detecting persons in need of substance abuse treatment.

"It is unclear why emergency physicians have failed to aggressively identify and refer patients with alcohol or drug problems, despite knowledge of the pervasive effect of substance abuse on the individual, family, workplace and the health care system. Change is more likely to occur with the understanding that addiction is a chronic disorder and responds to medications and other interventions," said Gail D'Onofrio, MD, the research director for the Section of Emergency Medicine at Yale University, in an editorial in the same journal.

Parents Smoke, Kids Miss School

Fourth-graders who live with at least one smoker are more likely than those who don't to miss school because of a respiratory illness. And living with more than one smoker further increased the likelihood that kids would call in sick, especially if the child had asthma, according to a recent University of Southern California study (*American Journal of Epidemiology*, May 15, 2003). Even kids who are old enough to attend school full time, and therefore spend every weekday away from home, still feel the effects of secondhand smoke.

Children who lived with at least one smoker were 27

percent more likely to have been absent from school due to respiratory illness than children whose homes were smoke-free. And the more smokers in the house, the worse off children were, the authors note. Children who lived with at least two smokers were 75 percent more likely than those from nonsmoking homes to miss school due to respiratory illness.

Frank Gilliland, PhD, and his USC colleagues wrote: "Thus, although (secondhand smoke) exposure among school-aged children is likely to be substantially lower than that among preschool children, the adverse effects appear to be substantial."

An editorial in that same journal says that while missing a day of school here and there may appear somewhat harmless, absences can be markers of much larger problems.

Lead editorial writer Anthony J. Alberg, PhD, of the Johns Hopkins Bloomberg School of Public Health in Baltimore, and his cowriters said: "Lurking behind a school absence may lie sleepless nights, physician visits, emergency department visits, hypersomnolence (excessive sleepiness), poor concentration, parents missing work and poor asthma-specific quality of life."

It's Official

The long-in-the-making Framework Convention on Tobacco Control became the world's first treaty devoted entirely to health—one designed to get people to kick the smoking habit and to reduce the estimated five million deaths a year caused by it—when it was adopted unanimously by the World Health Assembly on May 20, 2003 (see *Prevention File*, Vol. 16, No. 4, Fall 2001).

Many countries, including those in the European Union and a number of African nations, said they would quickly sign the treaty. However, the United States and China, both large tobacco producers, did not commit themselves to signing it.

The Framework Convention on Tobacco Control would ban advertising and sponsorship by tobacco companies. It imposes a warning label that would cover 30 percent of the packaging on smoking products and insists that all the ingredients be listed on labels. It urges governments to enact strict clean indoor air laws, levy high taxes on tobacco and crack down on cigarette smuggling.

School Drug Testing Doesn't Decrease Use

While many schools across the nation have adopted various forms of drug testing in schools as a way to prevent drug use by their students, a new study

(*Journal of School Health*, May 2003) says that testing does not deter student drug use any more than doing no screening at all.

The study, which was financed by the National Institute on Drug Abuse and the Robert Wood Johnson Foundation and is by far the largest to date, found that drug use is just as common in schools with testing as in those without it.

"It suggests that there really isn't an impact from drug testing as practiced," said Lloyd D. Johnston, PhD, a study researcher from the University of Michigan. "It's the kind of intervention that doesn't win the hearts and minds of children. I don't think it brings about any constructive changes in their attitudes about drugs or their belief in the dangers associated with using them."

Drug testing in schools is controversial and has resulted in hearings before the United States Supreme Court, which has twice empowered schools to test for drugs—first among student athletes in 1995, then for those in other extracurricular activities in 2002. Both times, it cited the role that screening plays in combating substance abuse as a rationale for impinging on whatever privacy rights students might have.

"Obviously, the justices did not have the benefit of this study," said Graham Boyd, a lawyer for the American Civil Liberties Union who argued the case against drug testing before the Supreme Court last year. "Now there should be no reason for a school to impose an intrusive or even insulting drug test when it's not going to do anything about student drug use."

Alcohol, Drugs and Teen Sex

According to the Kaiser Family Foundation Teen Survey—which paints a comprehensive portrait of youth attitudes about sex and the risk of pregnancy and sexually transmitted diseases—pregnancy and birth rates have been falling for a decade, a trend that other surveys have attributed to a drop in sexual activity and an increased use of condoms and other forms of birth control.

But four in ten sexually active teenagers have taken a pregnancy test or had a partner who did so. A significant minority of young people—about one in six—say having sex without a condom occasionally is not a big deal. And one in five say they have had unprotected sex after drinking or using drugs.

The Kaiser survey found that boys face particular pressure to have sex, often from male friends—in contrast to the typical portrait of boys pressuring girls.

Continued on inside back cover

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WHAT DO WE KNOW ABOUT PREVENTING

Findings from Alcohol Policy 13

 ALCOHOL POLICY 13 is the 13th in a series of international conferences that have addressed research, public policy and prevention issues related to the control of alcohol-related problems. The first conference was held in Charleston, South Carolina, in 1981. AP 13, which was sponsored by Education Development Center, convened in March 2003 in Boston.

The theme of Alcohol Policy 13 was Prevention of Youth Alcohol Problems: Policy Approaches. Conference participants considered the health and safety status of youths in relation to alcohol, explored evidence-based solutions aimed at preventing problems, and recommended how further policy strategies might diminish alcohol-related risks for younger people.

Adolescents and young adults and alcoholic beverages are a volatile combination—a mix that can lead to foolish choices, destructive behavior and lives that are ruined or lost. For young people, alcohol plays a part in assaults, rapes, murders, thefts and suicides and is a major factor in automobile crashes and fatalities. Twenty-nine percent of drivers involved in fatal crashes who had alcohol in their systems were between 15 and 24 years of age.

In his opening remarks at AP13, Robin Room, PhD, of the Centre for Social Research on Alcohol and Drugs at Stockholm University, asked participants to consider the question “What are we trying to prevent?” He argued that when it comes to youth alcohol problems, there are several good reasons for emphasizing prevention work that focuses on more immediate potential harms.

ALCOHOL PROBLEMS AMONG YOUNG PEOPLE?

“First, a youth prevention program has a much better chance of preventing a tragedy from driving home drunk after an upcoming high-school prom than it has of preventing a death from liver cirrhosis in a 50-year-old. Second, youths are more open to prevention messages about immediate problems in their lives than to messages about how to prevent problems that may or may not occur when they are in their 60s. Third, more strategies are available for preventing harms related to the immediate alcohol use event or pattern than are available for preventing long-term chronic conditions,” he said.

As an example Room pointed out that while the main way of preventing liver cirrhosis is to reduce the amount that people drink over time, preventing a drinking-driving casualty can be accomplished not only by affecting the driver’s drinking, but also, for example, by providing a “designated driver” or alternative transportation, relocating the prom, or even by seat-belt requirements and mandated air bags in cars.

Room says that youth prevention programs can aim to prevent or postpone drinking, to prevent or postpone risky drinking—drinking to intoxication—or to prevent or postpone harms related to drinking or intoxication. He contends that such programs are conditioned by a society’s expectations about youth drinking.

“If the legal drinking age is high, then it is likely that programs aimed at youth in their

early or middle teens will aim to prevent or postpone drinking at all. Harm reduction strategies may run into political difficulty in this environment, since they are predicated on a recognition that many youths are already drinking,” he said.

Room pointed out that drinking is also behavior heavily weighted with symbolic significance. “Youthful drinking is often a performance in front of an audience of associates and others, staking a claim to a valued identity, and expressing solidarity in a group or marking off social boundaries. Choices about drinking—which type of beverage and which brand name, as well as when and how much to drink—are potent ways of identifying with a cultural style, of marking a symbolic distinction from those who are outside the circle or ‘too young,’ and of performing for an audience of other youths.”

According to Room there are seven main strategies to minimize alcohol problems. “One strategy is to educate or persuade people not to use or about ways to use so as to limit harm. A second strategy, a kind of

negative persuasion, is to deter drinking-related behavior with the threat of penalties. A third strategy, operating in the positive direction, is to provide alternatives to drinking or to drink-

connected activities. A fourth strategy is in one way or another to insulate the user from harm. A fifth strategy is to regulate availability of the drug or the conditions of its use. Prohibition of supply may be regarded as a special case of such regulation. A sixth strategy is to work with social or religious movements oriented to reducing alcohol problems. And a seventh strategy is to treat or otherwise help people who are in trouble with their drinking,” he said.

Of those strategies, some have evidence of effectiveness, but others do not. For example, the evaluation literature suggests that alcohol education programs that are “knowledge-only” approaches do not result in changes in behavior. And

research has had difficulty showing substantial and lasting effects for education strategies that also include persuasional components aimed at influencing behavior. Evaluations of per-

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suasional mass media campaigns have been able to demonstrate impacts on knowledge and awareness about alcohol, but have shown only modest success in affecting attitudes and behaviors. "There are hints in the literature that success may come more from influencing the community environment around the drinker—in terms of attitudes of significant others or popular support for alcohol policy measures—than from directly persuading the drinker him/herself. Thus, media messages can be effective as agenda-setting mechanisms in the community, increasing or sustaining public support for other preventive strategies."

Deterrence, or the threat of negative sanctions or incentives for behavior, is a form of negative persuasion. Criminal laws deter in two ways: by general deterrence, which is the effect of the law in preventing a prohibited behavior in the population as a whole, and specific deterrence, which is the effect of the law in discouraging those who have been caught from doing it again. A law tends to have a greater preventive effect and to be cheaper to administer to the extent it has a strong general deterrence effect. Such laws include prohibitions on driving after drinking more than a specified amount, laws against being in a public place while intoxicated and against obnoxious behavior while intoxicated. Other common prohibitions are concerned with producing or selling alcoholic beverages outside state-regulated channels and with drinking in public and other aspects of drinking under a specified minimum age.

"Criminalizing public drunkenness may not be very effective in changing the behavior of those who have little to lose. This principle may also apply to laws deterring aspects of youthful drinking, although there is little in the alcohol

literature on deterrence with teenage populations. Deterrence works best on those with more to lose," said Room.

Offering activities that are an alternative to drinking or to activities closely associated with drinking is a popular approach, especially with youths. These include making soft drinks available as an alternative to alcoholic beverages, providing locations for sociability as an alternative to taverns, and providing and encouraging recreational activities as an alternative to leisure activities involving drinking. Job-creation and skill development programs are other examples. Providing alternative activities such as sports and recreational programs has been a particularly common strategy with youth populations.

"However, as researcher Klaus Mäkelä pointed out, the problem with alternatives to drinking is that drinking combines so well with so many of them. Soft drinks are indeed an alternative to alcoholic beverages for quenching thirst, but they may also serve as a mixer in an alcoholic drink. Involvement in sports may go along with drinking as well as replace it," said Room.

Because of the substantial harms to health and public order they can cause, alcoholic beverages are not ordinary commodities. Thus governments often actively intervene in the markets for such beverages, far beyond usual levels of state intervention in markets for commodities. Alcohol controls are typically enforced through control or licensing of the sellers, not of the drinkers. This makes them potentially relatively cheap and effective to implement.

"The last 25 years have seen the development of a burgeoning literature on the effects of alcohol control measures," said Room. For

SENSE OF THE CONFERENCE RESOLUTION REGARDING THE GENERAL AGREEMENT ON TRADE IN SERVICES (GATS) NEGOTIATIONS PREVENTING ALCOHOL PROBLEMS AMONG YOUTH: POLICY APPROACHES

MARCH 13 – 16, 2003, BOSTON, MASSACHUSETTS, USA

At the conclusion of this conference, the participants reviewed as a group the following statement. This statement represents general agreement; however, no one was asked to sign it, nor did everyone necessarily agree with all of it.

Whereas, the negotiations process associated with the General Agreement on Trade in Services seeks to reduce and eliminate so-called "barriers to trade,"

Whereas, the European Union has requested that distribution and other services related to alcohol and tobacco products be included in the current round of negotiations,

Whereas, such inclusion could lead to the reduction or elimination of certain U.S. laws and regulations implemented by States and communities to control harm related to alcohol and tobacco consumption,

Whereas, scientific research points to the critical importance of such measures in preventing and controlling epidemics of public health problems related to alcohol and tobacco use,

Whereas the public health community in the United States and other countries, including health, safety and medical professionals, educators, researchers, social service and mental health providers, and local, state and federal officials and community members recognize that these laws and regulations are important tools in protecting the safety and health of our citizens,

Then let it be resolved that we urge the U.S. Trade Representative to deny the E.U. request to make commitments in alcohol- and tobacco-related services in the current round of negotiations and exclude these services in its requests to other countries,

And let it further be resolved that we encourage the U.S. Trade Representative to take measures to protect State and community policies that address alcohol and tobacco consumption as public health issues in the current and future rounds of negotiations,

And let it further be resolved that we ask the U.S. Trade Representative to promote transparency and democratic accountability throughout the trade negotiations process, with the fuller inclusion of the public health community.

Adopted by acclamation at closing conference session, March 16, 2003.

example, there is strong evaluation literature showing the effectiveness of establishing and enforcing minimum-age limits in reducing alcohol-related problems, but mainly youthful driving casualties in North America.

Controlling availability through alcohol taxes and other price increases has shown some success because, generally, consumers show some response to the price of alcoholic beverages, as of all other commodities. "If the price goes up, the drinker will drink less; data from developed societies suggest this is at least as true of the heavy drinker as of the occasional drinker. Studies have found that alcohol tax increases reduce the rates of traffic casualties, of cirrhosis mortality and of incidents of violence. American studies suggest that alcohol taxes

• affect the behavior of young drinkers

• more than that of older drinkers," said Room.

• Other approaches with some evidence showing effectiveness include limiting sales outlets and hours and conditions of sale. "There is a substantial literature showing that levels and patterns of alcohol consumption—and rates of alcohol-related casualties and other problems—are influenced by such sales restrictions, which typically make the purchase of alcoholic beverages slightly inconvenient, or influence the setting during and after drinking. Enforced rules influencing 'house policies' in drinking places on not serving intoxicated customers

• and so on have also been shown to have some effect," said Room.

• While research has shown that certain measures and policies are effective in reducing certain types of alcohol-related problems, getting those measures passed and enforcing them has not been very easy. In his talk at Alcohol Policy 13, Richard Yoast, PhD, director of the Office of Alcohol and Drug Programs at the American Medical Association, said that when it comes to protecting consumers or reducing underage drinking, many existing alcohol policies have



few teeth and a low level of enforcement, rarely penalize business violations, and are often voluntary.

Yoast said that much of the alcohol legislation at the state level is designed to protect and increase alcohol sales, consumption, promotion, and producer and server freedom from liability, with state policies often preempting stronger local policies and ordinances.

“The policies supported and enacted with alcohol industry help most likely to pass are voluntary server and seller training, focus on consumer behavior and accountability, such as ‘cops in shops’ programs that tag one buyer versus tag a seller who reaches hundreds of underage drinkers. They impose fines on youths, not businesses, and seek to have low beer taxes, low fines and support cheap multiplying liquor licenses with few penalties imposed on bad operators, with continued expansion of outlets and advertising,” he said.

According to Yoast, some of the barriers to implementing science-based alcohol policies that have a good shot at actually reducing problems are common underlying policy assumptions that are supported by the alcohol industry—and much of the public. They are:

- Youths and their parents are responsible for underage drinking problems.

- Irresponsible individuals cause all the problems.
- So-called moderate drinkers are safe to be around.
- Commercial speech rights supercede family rights to protect children.
- The alcohol industry is a good citizen.

Yoast said that those serious about preventing alcohol problems among youths and young adults work to implement the National Institute on Alcoholism and Alcohol Abuse College Task Force-recommended policies with evidence of success with general populations (see *Prevention File*, Vol. 17., No. 3, Summer 2002). They are:

- Increased enforcement of minimum-drinking-age laws
- Implementation, increased publicity and enforcement of other laws to reduce alcohol-impaired driving
- Restrictions on alcohol retail-outlet density
- Increased price and excise taxes on alcoholic beverages
- Responsible beverage service policies in social and commercial settings

“When it comes to alcohol problems among college students, the formation of a campus and community coalition may be critical to implement these strategies effectively,” said Yoast.

Ralph Hingson, PhD, at the Boston University of Public Health agrees. At Alcohol Policy 13 he said, “Comprehensive community-campus intervention approaches may have considerable potential to reduce college-age drinking problems—especially given the success of these programs in reducing alcohol-related problems and health-compromising behaviors among youths.”

Editor’s note: A number of presentations from Alcohol Policy 13 are posted at www2.edc.org/alcoholpolicy13

INTERNET TRAINING

Promotes Responsible Alcohol Sales and Service in Nebraska

Editor's note: Linda Major and Tom Workman, PhD, of the University of Nebraska-Lincoln, presented information on Nebraska's Web-based alcohol server training program at the Alcohol Policy 13 conference in March 2003.

RESEARCH IN THE FIELD OF ALCOHOL PREVENTION has found that well-executed server training is one of three keys, along with management policy and enforcement, to avoiding common problems among liquor license holders. Of greatest concern for communities are the problems of sales of alcohol to minors and intoxicated patrons. Communities wanting to reduce these problems have good evidence that mandatory or voluntary server training is worthwhile policy.

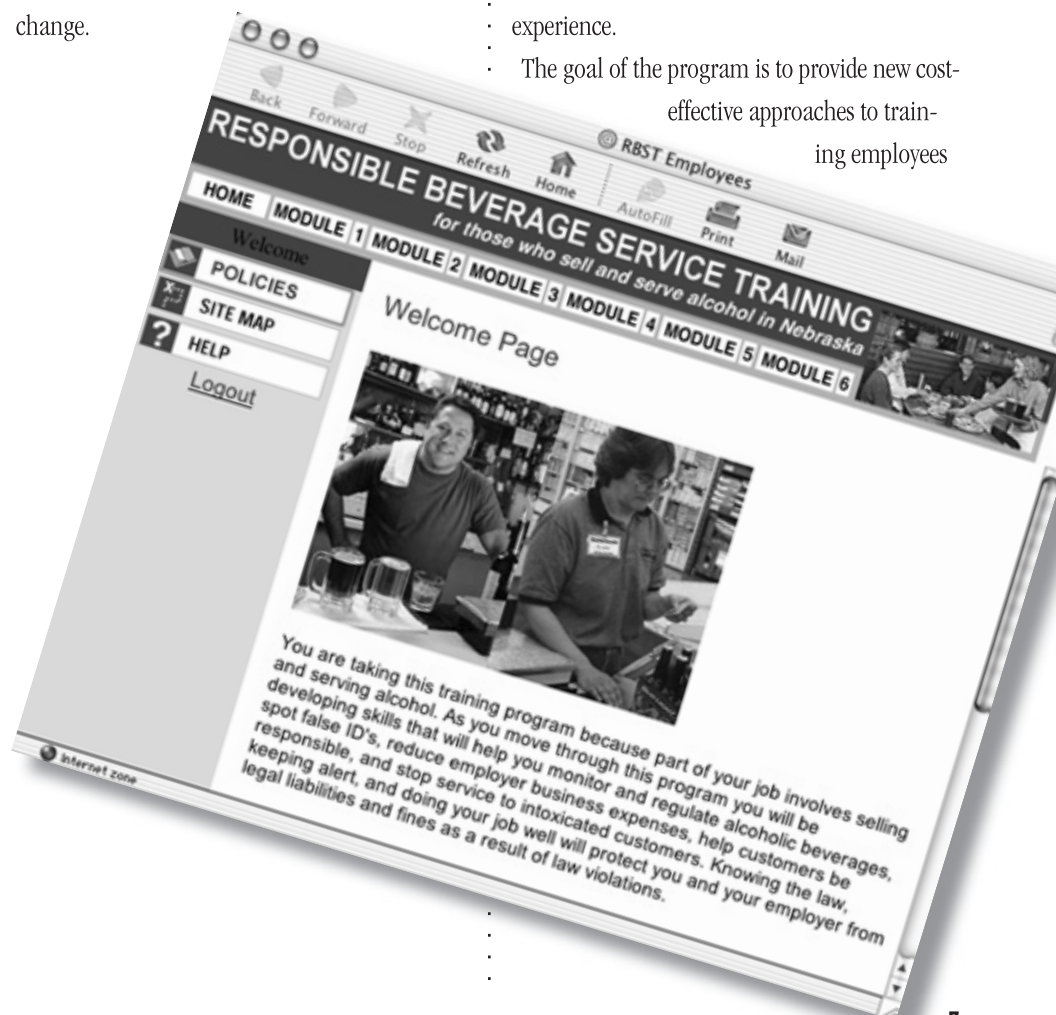
Yet for on-sale and off-sale establishment owners and managers in Nebraska, the idea of mandatory responsible beverage service training at first was rejected on logistics rather than principle. Initial discussions held at the request of the Lincoln City Council by NU Directions campus community coalition project director Linda Major found many roadblocks to the adoption of a mandatory server training policy in Lincoln. How can an industry with close to a 200 percent employee turnover rate justify this kind of investment in staff time and resources? How can an establishment—especially a small one in a rural setting—pay for the costs of training, time away from work and travel to

attend a training for an employee who may not be there in six months?

Those questions led the NU Directions coalition to create a new server-seller-training program that instructs servers from the Internet, enabling employees to receive consistent and well-developed training from any location at any hour of the day or night. The Web-based program serves as an example of creating prevention tools that work with the needs of business to eliminate the barriers to environmental change.

Funded through grants by the Nebraska Liquor Control Commission and the Nebraska Office of Highway Safety, the training program was developed by a team of Web-education experts at the University of Nebraska-Lincoln, which is nationally known for its work creating Web-based high-school programs. An advisory group representing grocery, bar and restaurant owners, police, and responsible hospitality trainers guided the translation of curriculum used in “live” training to a Web-based experience.

The goal of the program is to provide new cost-effective approaches to training employees



GOING ONLINE FOR TRAINING

Here is how Nebraska's online training works:

Step 1: On any computer with Internet access, managers type in the following URL: www.dccscpp.unl.edu/rbst, which brings up a page that looks like this:

Step 2: Managers click on the "INITIAL SET UP" button to check the computer to ensure that it has all the correct software and provides help to download whatever software is needed to complete the training. It also points to live help (by Internet or by phone) if needed.

Step 3: To set up employees for training, managers click on the "FOR MANAGERS" button. This will bring up a manager login window. To get a user ID, managers enter the business name as it appears on the liquor license; and to get a password, managers enter the liquor license number. For those with more than one liquor license number, managers enter the number for the establishment they are creating the new account for. For a demonstration on how it works, logon with the username `rbstguest` and password `rbst4ne` as either a manager or employee.

Step 4: The next page to appear is the New Responsible Server Training Account form page. Managers complete the form on this page and are asked to enter a new username and password. When managers have completed the form, they click the "create account" button to go to a manager's setup page.

Step 5: The directions on this page allow managers to customize the training to include their establishment's policies and to register employees for the training. They give the ID and password to all employees so that they can take the training at any location and at any time. Managers are able to monitor employees' completion of the training and remove or add new employees from this location. Employees can enter the training at the same URL, but click on the "FOR EMPLOYEES" button, where they are prompted to enter their user ID and password.

A "HELP" button is available on every page for both managers and employees if they need it. Liquor license holders in the state of Nebraska can also access the training program through a link on the Liquor Control Commission Web page.



in responsible sales and service. Businesses can utilize the training program free of charge, and employees can complete the program anywhere a computer and Internet connection is available, including home, schools and public libraries. A record of every employee that has passed the training is kept at the Liquor Control Commission. Employees can "transfer" their certification when taking another job at a different business. Managers can personalize the training to include individual policies from their own businesses.

"Many of us want to provide the best training for our employees in these areas because our businesses are on the line every time an

employee makes a mistake. But with high turnover, training is tough to schedule and very expensive," said Brian Kitten, owner of Brewsky's, a sports bar with three locations in Lincoln, and a member of the training program's advisory committee.

"The Liquor Control Commission wants to be proactive in helping businesses do the right thing, and if we can solve problems that

keep businesses from training their employees, then we should see better sales and service of alcohol in Nebraska," said Robert Logsdon, chair of the Nebraska Liquor Control Commission.

Managers holding liquor licenses can set up accounts for their employees, providing them with a username and password. Each employee must score 100 percent on a quiz at the end of each module in order to complete the training. UNL, which administrates the program and offers licensing and adaptation for use by other states, also provides a help desk for managers and employees, and links to download the needed software to complete the training.

Currently, more than 1,000 servers are enrolled in the program in

Nebraska. Given the low cost of maintaining the Website, the site can be funded through grants or local/state funding or at a cost of \$25 to \$50 per license to train the entire staff all year long—a fraction of what managers pay per employee for live training.

As a result of the program's use in Nebraska, city and state officials are returning to discussions about mandatory server training without resistance from the industry. "The barriers keeping the hospitality industry from preparing their staff for responsible sales and service have been removed," said Major. □

New Directions in Vermont

We had a broad vision of weaving together a web of prevention and enforcement and trying to change all the values and norms that surround and support underage drinking, smoking and other substance use.

■
WITH SYNERGY, THE WHOLE CAN BE GREATER THAN THE SUM OF ITS PARTS. In Vermont, an unusual combination of effort by public agencies and community coalitions is having a synergistic effect that is confirmed by measurable declines in underage drinking.

The Vermont project, which was described in a workshop at the Alcohol Policy 13 conference in Boston, links community-based prevention, stepped-up enforcement policies and personal interventions with youngsters having trouble with alcohol or other drugs. Linking these efforts appears to produce a more powerful effect than they would have if pursued separately.

"We had a broad vision of weaving together a web of prevention and enforcement and trying to change all the values and norms that surround and support underage drinking, smoking and other substance use," says Tom Perras, director of the Division of Alcohol and Drug Abuse Programs in the Vermont Department of Health. "What we really wanted was for families to be receiving the same message from several different directions, whether it's coming from the school, the police, the courts or wherever. In a variety of ways they'd be receiving the same message, so there would be a new norm forming regarding what children do."

There is evidence of a new norm affecting behavior of teenagers in the 23 Vermont communities that participated in the program called New Directions. An evaluation based

on statewide survey data found there has been a reduction in the prevalence of alcohol and other drug use among students in the 23 New Directions communities compared with students in the rest of the state.

A notable aspect of New Directions is the broad level of participation by both youths and adults—families, schools, health and social agencies, enforcement agencies, businesses and treatment providers. Says Mark Ames, director of program development in the state Alcohol and Drug Abuse agency: "One reason this worked, I think, is that when we asked different people to be partners, we made sure they understood that their efforts would be fitting in with what other people were doing."

New Directions Coalitions

(Coalitions that have been or are currently being funded by New Directions)



New Directions was launched with grants from the Center for Substance Abuse Prevention to conduct science-based prevention strategies that include life-skills training in the schools, along with state and local policy initiatives and media campaigns aimed at changing the community environment where alcohol and other drugs are sold and consumed. The state agency deploys ten “field prevention consultants” to work with communities and help build bridges among the different participants in coalitions. “They’re the eyes and ears to keep track of what’s going on and the glue to hold things together,” says Parras. “We want to keep everybody on the same page, to give them a boost when they’re having difficulty or keep them from going off in the wrong direction.”

Getting young people involved in prevention activities, and keeping them involved, is considered a must in the community coalitions. “If you serve the pizza, the students will come!” says one coordinator. Adults as well as youths tend to respond to invitations emphasizing food

and refreshments, says another. Some coalitions send letters of invitation to individual students, explaining why they are being asked to participate. “Listening to youths, respecting their expertise and providing a variety of opportunities for them to partner with adults is important,” a coordinator says.

What may be giving the Vermont program its extra force are the enforcement and intervention components that go along with primary prevention efforts in schools and youth organizations. A program called “Zero, Nada, None” has brought the Vermont Liquor Control Board into the picture. State liquor control agents and members of youth groups persuade alcohol licensees to adopt a public pledge against sales to minors and to train their employees to be alert for attempts by underage customers to buy alcoholic beverages (see sidebar).

Cracking down on alcohol and drug offenders requires more than citations and arrests,

Perras points out. One goal pursued successfully by the community coalitions was to persuade

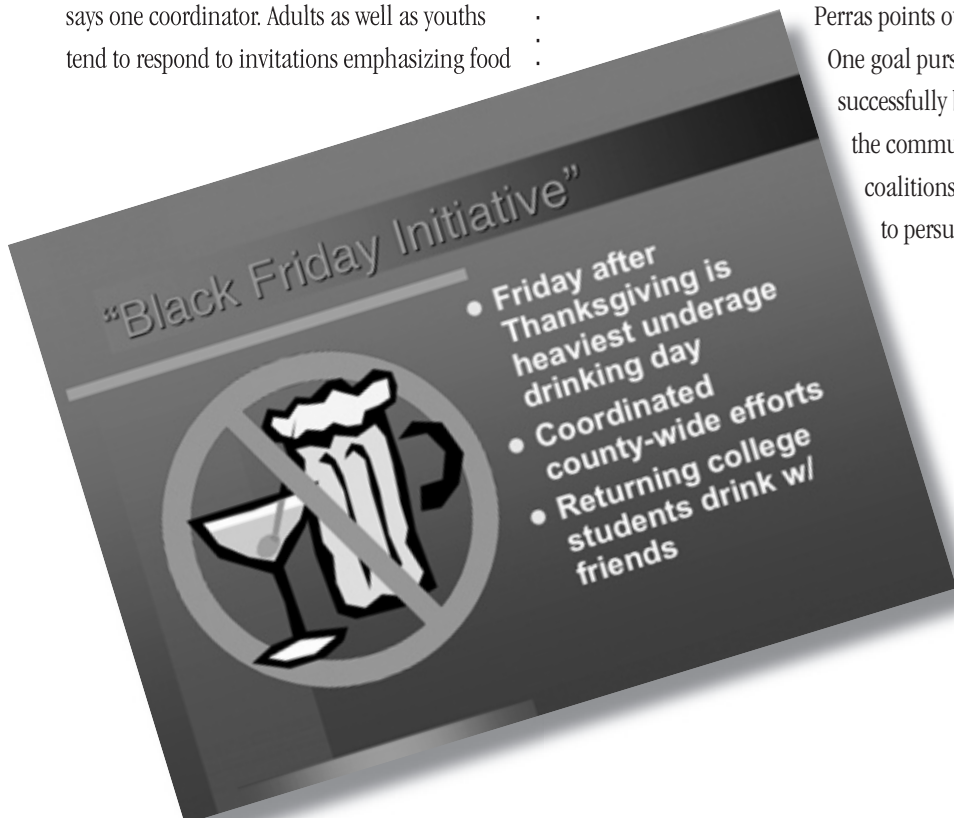
the Vermont legislature to make a significant change in the law covering alcohol possession by minors. The new law makes this a civil rather than a criminal offense and provides for referring underage drinkers to counseling or treatment.

This diversion is made under the threat of such punitive steps as losing a driver’s license or being unable to obtain one’s first driver’s license if the offender doesn’t follow through with the referral.

A program called START—Stop Teen Alcohol Risk Team—links community prevention coalitions with enforcement agencies, prosecutors and agencies that deal with diversion and treatment of young people involved in the criminal justice system. “Kids are screened and assessed to determine if they have a substance abuse problem, and those who need it are referred to treatment,” Parras says. “The whole process is identifying more youths who need some kind of intervention. Where underage drinking or drug use is concerned, our goal is either to prevent it, intervene with it, or treat it but one way or another to stop the cycle of substance abuse at a very young age.”

Evidence that the Vermont approach is having an impact is found in an evaluation report prepared by Robert Flewelling, PhD, of the Pacific Institute for Research and Evaluation and published early in 2003. The evaluation is based on a comparison of data from the Youth Risk Behavior Surveys in the New Directions communities with YRBS data in Vermont communities that did not participate in New Directions. The YRBS surveys provide nine measures of recent and lifetime use of alcohol, tobacco, marijuana and other drugs by 8th-to-12th-graders.

Looking at YRBS data for a three-year period from 1999 through 2001, the study found that students in New Directions communities showed greater declines in all nine measures of sub-



stance use than students in Vermont as a whole. "These findings suggest that collaborative community-based efforts implemented within a supportive framework such as New Directions can have an impact on the prevalence of these behaviors," the study concluded.

The reductions were the greatest in use of cigarette smoking and use of marijuana. An analysis of the study results also provides clues suggesting that some coalitions are more effective than others in bringing about reductions. Greater declines in use of most substances were associated with coalitions that provided the most opportunities for youths to participate in student assistance programs, drug-free social and recreational programs, and projects designed to change or improve messages about alcohol and drug use circulating in the community, such as media and community-awareness projects.

Coalitions serving smaller populations also appeared to be achieving greater reductions in substance use. They were able to offer more personal contact and direct services per capita than coalitions dealing with a larger youth population.

Tom Perras is pleased with the success of the New Directions program but he sees a shortcoming in its impact and hopes a new design will emerge in the future. New Directions is aimed at youths in the 12-to-17 age bracket and thus is not directly concerned with college-age youths. Perras points out that alcohol marketing

and drinking norms affect young people from their teen years through young adulthood, and he hopes Vermont will get grant support for communities to focus new prevention strategies on 18-to-25-year-olds. "The older age group is the role model for the next one," says Perras. "We have to be consistent and repetitive in our messages as kids move through adolescence to young adulthood. I think that's what's been wrong with

ZERO, NADA, NONE

"Zero, Nada, None." However you say it, it means if you're under 21 you won't get any beer or booze from a retailer participating in Vermont's New Directions program.

The "Zero, Nada, None" initiative is the latest step in Vermont's effort to make community coalitions more effective in reducing substance abuse among young people. It employs a new kind of teamwork bringing together youths, alcohol licensees, enforcement agencies and the community at large to dry up sources of alcohol for would-be underage drinkers.

In 2002 the initiative took shape as an addition to what was already recognized as a successful model for New Directions prevention coalitions in 23 Vermont communities. "It's a way to get retailers on board," says John D'Esposito, an investigator and trainer for the Vermont Department of Liquor Control. "What we have is a three-way relationship—our department, the retailers and the community coalition folks."

"Zero, Nada, None" helps involve youths in an important aspect of prevention. Members of Students Against Drunk Driving or the Vermont Teen Leadership Safety Program—two popular youth groups—often serve as the first contact, by letter or in person, asking a retailer to agree to the terms of the program. "It's hard to say no to a kid," D'Esposito says. Retailers who participate also get public praise from the community coalition.

The retailer pledges not only to comply with the law—refusing to sell alcohol to anyone known to be under 21—but also to take other steps heading off would-be illegal purchasers. The store or other alcohol outlet also agrees to participate in a training program for employee and to notify authorities if a person under 21 tries to buy booze with a false ID. By dialing a special phone number, a retailer can find out if the driver's license presented by a would-be customer is genuine. If it isn't, another phone call alerts police.

"Word gets around," D'Esposito says. "If you go back to your high school and tell people you got busted just for trying to buy beer down at the corner store with your phony ID . . ."

"Zero, Nada, None" has provided Vermont with a new understanding of how extensively false identification documents are being used by young people trying to buy alcohol. Of the first 500 calls received from retailers wanting to verify an ID, 125 turned out to be fake. "That's 25 percent!" says D'Esposito. "And that doesn't include the ones who did a quick turnaround and left the store when they realized their ID was going to be checked."

prevention in this country. We often do a piece of prevention for one age group, and then we don't go back and continue it as kids grow up to adulthood." □



PAYING THE PIPER

WHEN IT COMES TO THE COSTS OF ALCOHOL PROBLEMS

Evidence is in that demand for alcohol, like other commodities, decreases as price increases.

DO THOSE WHO PROFIT from the production and sale of alcoholic beverages and the people whose use of those products contributes to a panoply of problems generating economic and social costs pay their fair share?

An increasing number of governmental jurisdictions—from local to national—are concluding that the answer is a resounding “no.” To remedy this imbalance they are pursuing tax and other cost recovery policies.

Based on two decades of research, Philip J. Cook, PhD, of Duke University, and Michael J. Moore, PhD, of the University of Virginia, say that the evidence is in that demand for alcohol, like other commodities, decreases as price increases.

“Price levels, including excise taxes, are effective at controlling alcohol consumption. Raising excise taxes would be in the public interest,” read the subhead of an article Cook and Moore published last year in *Health Affairs* (Vol. 21, No. 2, March-April 2002). “Current excise tax rates are too low, both nationally and in every state. The rates are far less than the average social cost of each drink consumed.”

Legislatures have the authority to articulate social policy in the form of state and federal excise taxation. Other researchers find that higher pricing, resulting from tax increases, reduce demand even among youths and heavier consumers, common perceptions notwithstanding.

So is public health and safety the principal motivator in the 28 states and territories that have recently enacted (or are giving serious consideration to) an increase in alcohol taxation? And what are the implications for the U.S. Congress as it faces lobbying pressure from alcoholic beverage trade associations?

According to speakers at the Alcohol Policy 13 conference, Preventing Alcohol Problems among Youth: Policy Approaches, held in Boston earlier this year, using health arguments to advance alcohol tax hikes in state capitals is an uphill battle, but it can be done.

Jeff Jessee, executive director for the Alaska Mental Health Trust Authority, said, “You can’t separate tax policy from politics.”

Jessee described how his state’s Legislature enacted House Bill 225 in 2002, a dime-a-drink increase. He likened the political process with “kissing the pig”—that is, something most

people find to be distasteful. But health advocates who want to support legislative initiatives have to get involved in the political process.

What worked in Alaska, according to Jessee, were:

- Political leadership from Lisa Murkowski, then a three-term leader in the Republican-dominated state House of Representatives
- Willingness to compromise. The bill started out with a 20-cents-a-drink tax increase but was passed with a 10-cents-a-drink increase.
- Media advocacy campaign stressing the measure's equity. Studies showed that alcohol cost Alaska between \$250 million and \$483 million a year but generated only \$12 million in taxes. The bill will increase that yield to \$30 million according to a Murkowski press release.
- Fairness. People would pay based on how much alcohol they drink. Those who drink nothing pay nothing and those who drink the most pay the most.
- Youth support. Alaska's Association of Student Governments passed a resolution in support of the Dime a Drink Alcohol Tax—as the measure became popularly known—at its spring 2002 convocation.
- Avoidance of earmarking, which could have been a liability due to the potential of conflict among various interest groups vying for their share.

Alaska had not raised alcohol excise taxes since 1983. Because the rate is based on volume rather than value of the product, 20 years of inflation had seriously reduced the economic impact of the previous rate. Proponents pointed out that prior to the 2002 tax hike, the state's cumulative taxation of alcohol was the lowest in the nation. Raising the rate to a dime a drink "would still be well below the national

average," said a Murkowski media release. The measure took effect October 1, 2002.

To earmark the proceeds from the alcohol tax increases or not remains an issue in Alaska. Some of the most vocal support for HB225 came from treatment and clergy groups on the basis that Alaska, like many states, offers inadequate public recovery services. Matt Felix, with the National Council on Alcoholism and Drug Dependence in Juneau, expressed his disappointment that the new money would not "eliminate waiting lists for treatment and pay for a comprehensive statewide treatment and prevention system," as reported this April in the *Anchorage Daily News*.

Jessee concluded his remarks at AP13 by reminding that U.S. Internal Revenue Code provisions allow nonprofit organizations to devote up to 20 percent of their annual revenues toward lobbying. And volunteers can add muscle without running afoul of the law. In fact, his group recruited a retired lobbyist as a volunteer to help them "kiss the pig." Jessee also encouraged health advocates to contribute annually at least 1 percent of their personal incomes to politicians who showed leadership on public health issues, regardless of party affiliation.

When then-Governor Tony Knowles signed the alcohol tax increase into law, he said: "This reasonable, responsible and realistic increase in Alaska's alcohol taxes is long overdue.

"It is time Alaskans stepped up the fight against alcohol abuse. It is time we help people who want to stop drinking and protect the public from those who refuse to stop drinking. It is time to ask consumers to help contribute more of the share of the costs of dealing with problem drinkers."

California Pursues Recovery Fees

The 2003 California legislative session is considering two alcohol cost recovery fee measures. One would recoup a nickel a drink to reimburse local government for alcohol-related health care expenditures. The other, Assembly Bill 216, would impose a fee on producers and importers of beer and distilled spirits commensurate with the under-21-year-old market share based on "an annual survey of youth alcohol consumption practices and alcoholic beverage brand usage," according to the version being considered at *Prevention File* press time. AB216 would not apply to wine products because the bill sponsors concluded that the wine producers avoid promotional targeting of those under 21 years old.

Bill Gallegos, representing the California Youth Alcohol Policy Initiative, briefed AP13 participants on AB216, likening it to fees imposed in earlier years on lead-based paint producers in order to clean up the environment. Proceeds would support local prevention and recovery services for youths.

California's attempts to increase alcohol taxation received a boost this year with the March 2003 release of *For Our Health & Safety: Joining Forces to Defeat Addiction* from the state's Little Hoover Commission. The commission, like its federal namesake, seeks to promote efficiency and effectiveness in public policy and programs.

"Alcohol abuse costs California close to \$15 billion a year. Yet with the exception of the penny-a-drink tax enacted by the Legislature in 1991, taxes on beer and distilled spirits have not been raised in more than three decades. New taxes are never popular. But in the same way that government imposes fees on polluters to pay for the public harm they cause, California should

consider seeking reimbursement from alcohol producers to respond to the costs imposed by alcoholism, even if those costs are imposed by a minority of drinkers,” says the report.

At the local level in recent years, at least three California municipalities—Oakland, Santa Cruz and Santa Rosa—have enacted local alcohol permit fees to recover local costs associated with city police monitoring, education and enforcement at alcohol outlets. These fees are in addition to the state alcohol license fees.

Efforts Under Way in Other States

Twenty-seven states, besides Alaska and California, are considering higher alcohol fees or taxes, according to the Center for Science in the Public Interest. CSPI’s alcohol policy director, George Hacker, enumerated the growing litany of states willing to consider such increases in the face of major budget deficits. Utah, Tennessee and Puerto Rico joined Alaska and met with success.

For example, this year Utah raised the state tax on beer from \$11 to \$14 per 31-gallon barrel of beer. As a result, revenue will increase by approximately \$2.5 million per year for city and county law enforcement and treatment. The revenue will be deposited in the Alcoholic Beverage Enforcement and Treatment

Restricted Account and be divided among the state, counties and cities.

But other states’ attempts to address budget shortfalls through alcohol tax increases were not successful. For example, three bills were introduced in the Maryland legislature this year to raise alcohol taxes, which were last raised on beer and wine in 1972 and on liquor in 1955. One bill would have boosted the taxes on beer, wine and liquor by about a nickel a drink. The current rates are less than one penny for beer and about two cents for a shot of liquor or glass of wine. The increase would have provided over \$90 million a year in new revenue. None of the three bills passed.

While many states are considering proposals to increase taxes or implement fees on alcohol, New York and Pennsylvania may have alcohol tax cuts in store, according to Hacker. New York law calls for the reduction of the tax on beer. The present rate in New York, \$0.125 per gallon, less than half the average of state rates, will be reduced to \$0.11 per gallon this year. The state budget deficit totals more than \$10 billion. Pennsylvania, facing a budget deficit of \$1 billion, has two pieces of legislation that would cut the fees charged by the state Liquor Control Board. One bill would remove the state’s markup on liquor and wine sales to hotels, restaurants and clubs. Another cuts the state markup by one-third. Pennsylvania, as a control state, sells wine and liquor and adds a markup to the wholesale price.

Hacker also described efforts by the Coalition for the Prevention of Alcohol Problems, an amalgam of 120 health, education, consumer, civic and faith-based organizations that “promotes national policies to reduce alcohol problems and combat the political influence of alcoholic beverage

industry interests in our nation’s capital.” CPAP, Hacker said, is currently mobilizing opposition to any “rollback” in federal excise taxes on beer to 1951 levels, as beer lobbyists are recommending to Congress.

International Developments

A number of nations that share social and legal traditions with the United States are examining the public health role of taxes and fees to reduce problems linked to drinking alcoholic beverages, especially among adolescents and young adults.

New Zealand’s Parliament adopted a bill to raise tax rates on a category of distilled spirits apparently targeted at younger consumers. Associate Health and Acting Customs Minister Jim Anderton, who introduced the bill, said in the *New Zealand Herald* (May 8, 2003) the tax hike was aimed at “very cheap light spirits often drunk by young people” that heretofore were taxed less, hence sold more cheaply, than other spirit categories.

Newly adopted national alcohol plans in Scotland and Ireland (*Prevention File*, Vol. 17, Nos. 3 and 5) also address alcohol taxation. Scotland’s plan expresses concern about the health impacts of low beer and spirit prices, while acknowledging that the British Parliament retains exclusive tax authority. Ireland’s plan, founded on an unsettling uptake in heavy drinking among youths, aggressively calls for reducing the economic availability of alcoholic beverages through tax increases. □

Editor’s note: The report For Our Health & Safety: Joining Forces to Defeat Addiction is available online at www.lbc.ca.gov/lbcdir/169/report169.pdf. For more information on the ever-changing status of alcohol tax and fee legislation in the various states, go to www.cspinet.org/booze/taxguide/TaxStateUpdate.htm.



“Cutting Out” Alcohol Marketing to Youth

By Christopher J. Curtis

It will take teens, parents, teachers and entire communities to tell the alcohol industry to keep its hands off America's youth.

ALMOST A YEAR AGO, the Center on Alcohol Marketing and Youth was created to monitor the marketing practices of the alcohol industry to focus attention and action on industry practices that jeopardize the health and safety of America's youth. Oregon is one of six sites chosen around the country to participate in raising public awareness of CAMY's new research and to generate hands-on activities.

Since the project began, research has shown that young people are routinely overexposed to alcohol advertising in magazines, television and radio.

Communities Lead the Way

Local communities are beginning to learn about this new information and take action. In Oregon, we chose to come up with creative methods of relating this research and, in particular, to share this news with young people. Our goal is not only to raise youth awareness of alcohol marketing practices, but also to mitigate any impact that alcohol advertising may have on encouraging them to drink.

Out of this desire to share information, Oregon Partnership created a new project:

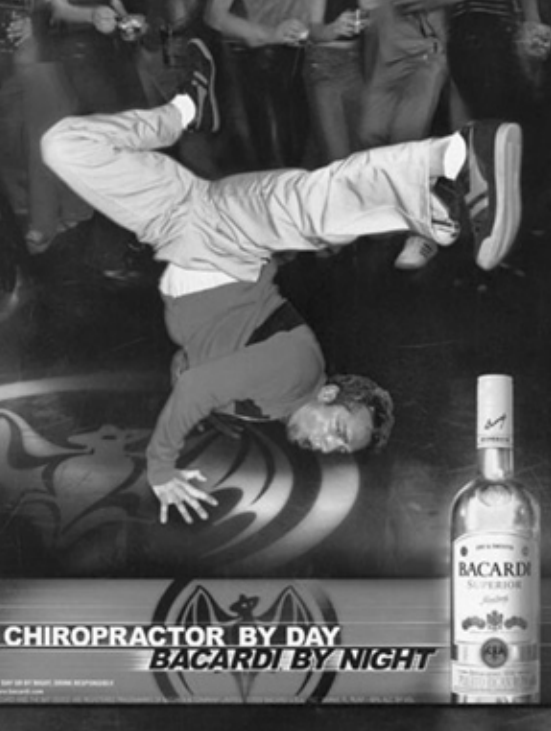


“Cut It Out: Stop Alcohol Marketing to Youth.” The Oregon Partnership wanted to send the message that our kids are not the appropriate audience for alcohol advertising. “Simply put, we don’t want to see alcohol advertising that appeals to kids,” says Judy Cushing, president/CEO of the Oregon Partnership. “Our idea is to provide classrooms with basic information on the CAMY research, fact sheets on Oregon data showing the consequences of youth drinking, and hands-on activities to actively engage young people on this issue,” says Cushing. “To date, we’re impressed with the results.”

Kids Skeptical of Alcohol Ads

Over 250 kids in Oregon have taken us up on our challenge. In one site, McMinnville, youth are creating a huge collage of all the alcohol ads they can lay their hands on. With that, however, goes serious discussion about how and why they see so many ads.

“We’re encouraging our kids, especially those in fifth and sixth grades, to not only see these ads but to see them for what they are,” says Jane Komer, a parent and teacher in McMinnville. “It’s not enough to simply be aware of the sea of ads out there. We have to talk about them, discuss



them and get the kids challenging, rather than simply accepting, ads that depict drinking as fun, and sexy images. We want them thinking skeptically about these ads,” says Komer.

Youth certainly appear to be getting the message. In an opinion column published as a result of Oregon’s efforts to publicize CAMY research, Ian Mansfield, a senior at Century High School in Hillsboro, Oregon, wrote: “For every 10 beer magazine ads you see, I see 14. These ads appear in magazines that are seen by millions of teens, like *Vibe*, *Spin*, *Sports Illustrated* and *Rolling Stone*.

“The lifestyles and values seen in alcohol ads are a far cry from the reality of teen drinking. I don’t want to see my friends at risk for suicide or pregnancy—or ruining their chance to graduate or go to college by becoming addicted to alcohol.

“It will take teens, parents, teachers and entire communities to tell the alcohol industry to keep its hands off America’s youth. The industry is making our nights more interesting, and more dangerous. Don’t worry if you don’t get the reference: Just have your kids explain it to you. They’ve seen the ads.”

More Action Needed

More local action is needed to get the message across that kids in communities across the country are overexposed to alcohol messages. The Oregon Partnership hopes to accomplish two things to test the efficacy of its local efforts. First, it hopes to secure funding that will allow the organization to maintain the “Cut It Out” program as an annual program, and to engage youth with pre- and post-testing to gauge what they learn and how it affects their attitudes about alcohol. Second, Oregon Partnership will continue to muster local awareness to press for changes in alcohol policy—in particular where it may reduce youth exposure to alcohol ads. The hope is that by creating one effective model, other communities across the country will be inspired to get involved and begin their own local efforts.

The Center on Alcohol Marketing and Youth is located at Georgetown University and is funded through grants from the Robert

Wood Johnson Foundation and The Pew Charitable Trusts. Find out more at www.camy.org. ☐

Christopher Curtis is communications director at the Oregon Partnership, a statewide nonprofit organization dedicated to alcohol and other drug prevention and treatment referral. For more information on the Oregon Partnership, go to www.orpartnership.org.

CHEAP BOOZE, MORE DRINKING

When a tax reform measure in Switzerland went into effect in 1999 as a result of a World Trade Organization agreement, it triggered a decrease in the price of imported alcoholic beverages between 30 and 50 percent. And alcohol consumption significantly increased after the tax reform, with the largest increase in drinkers between the ages of 15 and 29, according to a study published in *Alcoholism: Clinical and Experimental Research* (April 2003).

Alcohol consumption increased overall after the tax reform, and the largest increase was seen in drinkers between the ages of 15 and 29. In contrast, people 60 years old and above showed no increase in drinking after the tax reform. The trend, say the study authors, shows that cost is an important factor in people’s drinking habits, particularly young drinkers.

Study author Meichun Mohler-Kuo, MD, of Zurich University, told Reuters Health that even though the findings focus on Switzerland, any country that has a similar drop in the price of liquor would likely see an increase in drinking. Based on the study findings, Mohler-Kuo says that policy-makers seeking to curb drinking should consider raising the price of alcohol.



New social movement for prevention of alcohol-related problems?

Photo courtesy of the Trauma Foundation

Lessons from the Million Mom March

By Lawrence Wallack,
Liana Winett
and Linda Nettekoven

IN THE MID TO LATE 19TH CENTURY, Americans witnessed the beginnings of a social movement led by women that culminated in the prohibition of alcohol. The 1980s saw a second social movement, once again led by women, this time focusing on the specific alcohol-related problem of drunk driving. Both movements forever changed the way this society thinks about and responds to drinking practices and alcohol issues. Yet now into the 21st century we confront a death toll of more than 100,000 people per year, about 10 percent of all mortality and a major contributor to years of potential life lost, as well as billions of dollars in annual costs. From a policy perspective we are in the perilous position of fighting off efforts to erode our limited alcohol policy infrastructure and the promising position of identifying interesting new and innovative areas of alcohol policy related to alternatives and alcohol advertising. Now is when a new social movement around the prevention of alcohol-related problems would be very helpful.

What are the prospects for a new social movement? For the past couple of years I have

been leading a research team studying the initial success of the Million Mom March—or MMM—and the subsequent efforts to turn this huge public event into a movement. MMM was the largest-ever-public event held on the issue of gun control. On Mother's Day 2000, several hundred thousand people convened on the mall in Washington, DC, while tens of thousands more convened in 70 cities across the country to raise their voices for “sensible gun laws, safe kids.”

Following the march, the group became a chapter-based organization based closely on the model of Mothers Against Drunk Driving. The organization collapsed under the weight and intensity of its own success, and was resurrected by a merger with the Brady Campaign, the largest and well-known gun control organization in the United States. This resulted in the shift of Brady (formerly Handgun Control Inc.) from an inside-the-beltway national policy organization to one that also has a grassroots focus. This was a remarkable shift in strategy but made on the promise of an emerging gun control movement made whole by the “moms” who could counter the local-level presence of the National



Photo courtesy of the Trauma Foundation

The theme of the first MMM annual meeting following the 2000 event was "from a march to a movement."

Rifle Association. Whether the MMM becomes a social movement, makes a nascent social movement whole and alive, or remains associated with an incredible event, still

remains to be seen. However, given our research on the MMM, we can make some observations on the prospects for a new social movement focused on preventing alcohol-related problems.

The theme of the first MMM annual meeting following the 2000 event was "from a march to a movement." Had the march not drawn as many people and had it not received universally positive coverage from the major media, the issue of a social movement would not have arisen. Some of the factors that made the march so successful included:

- The presence of a series of "focusing events" that generated media attention on the issue and set the public agenda. These included a tragically long list of school and community shootings involving young people.

- The presence of political opportunity in that guns had become a voting issue in recent campaigns and many key politicians were finding it more beneficial to be supportive of gun control measures than they were able to be in the past.

- The NRA, the major opponent of gun control, had seemingly lost support because of overly aggressive public posturing. Most notable was having its annual convention as planned in Denver only weeks after the shootings at Columbine High School.

- The positive economic environment made it more likely for people to look beyond themselves and express more general societal concerns.

- The legitimacy of the "mothers" as a genuine grassroots movement allayed much of the natural distrust Americans feel about special interest groups. The focus on mothers protecting their children established a high moral ground. As one of the leaders told the crowd, "We love our kids more than the NRA loves their damn guns."

- It was easy for people to participate. In addition to the national march, there were

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Photo courtesy of the Trauma Foundation

another 70 local marches around the nation. Importantly, thousands of people worked to make the march a success by organizing buses, distributing fliers and raising money. Put simply, people found an outlet for skills they already had and were comfortable using. One participant described it in terms of organizing and planning a large social event, something that she knew how to do.

- Though gun control is a highly controversial and political issue, the march was able to maintain an apolitical stance. Only a very few politicians who were actual victims of gun violence were allowed to speak to the crowd. Amazingly, although both President and Hillary Clinton wanted to speak, their requests were denied to maintain the non-political nature of the event.

In sum, for a social movement to take, hold the public agenda needs to be set on the issue, there need to be policy options presented, and there must be a political environment in which these options can find sufficient support. In addition, there needs to be genuine grassroots participation that transcends any narrow ideological perspective; intensely partisan identification of the movement would greatly limit its success.

So what does this mean for the prospects of a new social movement for the prevention of alcohol-related problems? There are several suggestions that can be based on the extensive social movements literature and our work with the MMM. Certainly, at a minimum, it will be necessary to:

- Establish a clear threat that is associated with alcohol and articulate this threat in a way that is resonant with American values. It needs to be both easy to understand and easy to say. The issue “frame” needs to be cognizant of the rugged individual, self-determination and personal responsibility values that are at the core of American life. The MMM was able to effectively meet these criteria by articulating a clear threat to children that was, very importantly, outside children’s area of responsibility. The idea of “innocent” victims is very important and can be seen both in the MMM experience and in the “secondhand smoke” frame found in the tobacco control arena.
- Have clear policy goals to address alcohol and identify or create political opportunities to set the policy agenda. It is best to have a menu of policy options that can be drawn from as the political and social environ-

ments change. This will be greatly facilitated by a grassroots movement that is active, politically sophisticated and visible. As Ron Eyerman and Andrew Jamison explain in *Social Movements: A Cognitive Approach* (Pennsylvania State University Press, 1991), “Social movements make power visible.”

- Create opportunities for people to participate and develop the ability to mobilize genuine grassroots on a range of issues. This means:
 - Having an effective communication system that is easily accessible to participants
 - Making it easy for people to participate by respecting their existing skill levels
 - Providing people with the opportunity to gain additional skills
 - Taking on battles where victory is possible so that people can see their efforts rewarded

- Using the media to make actions highly visible in order to increase the legitimacy of the issue and recruit new people to the movement

Is it time for a new social movement for the prevention of alcohol-related problems? Absolutely. Such a movement could help accelerate policy initiatives by increasing the sense of urgency and applying public pressure to policymakers. Is such a movement possible? Yes, it is possible, but the more important question is whether it is likely.

Lawrence Wallack, DPH, is professor of community health and director of the School of Community Health, College of Urban and Public Affairs, Portland State University. Liana Winett, DrPH is research assistant professor and Linda Nettekoven is a research associate in the School of Community Health at Portland State University.

Six Modest Proposals

In his closing remarks at Alcohol Policy 13, James F. Mosher, JD, of the Pacific Institute for Research and Evaluation, offered “six modest proposals” to the alcohol beverage industry to prevent alcohol problems among youths:

- Stop over-exposing young people to your advertising. “The beer and distilled spirits industry should follow the wine industry’s lead in its advertising practices”.
- Implement and expand the minimal FTC recommendations in its 1999 report for voluntary advertising reform.
- Take down the billboards in inner city communities and stop the predatory marketing in ethnic/racial communities.
- Draw the line on products that are obviously designed for young teenagers, such as alco-pops and zipper shots.
- To the distillers, stop marketing your low alcohol coolers as if they were beers. “You know that they constitute distilled spirits under federal and state laws. Your marketing is a fraudulent attempt to compete with the beer industry for the underage market.”
- The youth consumption accounts for at a minimum 11 percent of the alcohol market, generating sales in the neighborhood of \$10 billion. “You say you don’t want these revenues. Turn these ‘unwanted profits’ over to public health and law enforcement agencies across the country to help defray the costs associated with youth drinking.” ■

Continued from inside front cover

"There are a lot of expectations for boys to be sexually active," said Julia Davis, senior program officer at the Kaiser Family Foundation, an independent group that studies health issues. One in three boys ages 15 to 17 say they feel pressure to have sex, compared with 23 percent of girls. The pressure to drink alcohol was greater for both boys and girls; pressure to use drugs was about even with pressure to have sex.

The survey also found that more than eight in ten teens

say that a lot of or some people their age drink or use drugs before having sex. Seven in ten say their peers don't use condoms when they are drinking or using drugs. About a quarter said that alcohol or drugs had influenced their decision to do something sexual at least once.

The survey is available at www.kff.org/content/2003/3218/kff_youth_survey_Final_04_03.pdf.

Beer Belly Blues

According to a recent study (*American Journal of Clinical Nutrition*, May 2003), heavy alcohol intake contributes directly to weight gain regardless of the type of alcohol consumed.

Moderate alcohol drinkers typically add alcohol to their daily caloric intake rather than substitute it for calories from food. Although it would be surprising if this did not contribute directly to weight gain, this question has been a topic of controversy. The study authors explain the relationship between alcohol intake and body weight "remains an enigma to nutritionists."

The London researchers found the prevalence of middle-aged men (between 40 and 59 years old at the start of the study) with a high body mass index increased significantly from the light-moderate drinker to the heavy drinker regardless of the type of alcohol they drank. Although there was no evidence that moderate drinking leads to weight gain, heavy drinkers, people who consumed more than 30 grams of alcohol per day, showed the greatest weight gain and had the highest body mass index.

Although the type of alcohol consumed did not change the study results, hard-liquor drinkers tended to be heavier than beer and wine drinkers. However, this may be associated with differences in lifestyle and eating habits between men who tend to consume hard liquor compared with beer drinkers.

New Cigarette Warnings "Working"

Graphic new warnings on cigarette packs have triggered a big increase in calls to Great Britain's National Health Services Smoking Helpline. Over 10,000 people said they were driven to call by the new labels during the first four months of 2003—an increase of 12 percent in helpline call levels.

The new warnings were introduced in January following a European Union directive that stipulated health warning messages should cover 30 percent of the front of cigarette packs and 40 percent of the

back. A thick, black border adds a further 10 percent to the area given over to the warnings. All cigarette packs must carry the warnings by September 2003.

Public Health Minister Hazel Blears said: "It is very encouraging that our measures are already having such a positive effect, with thousands of people wanting to quit. The packs carried warnings before, but we know that the larger and starker the message, the more effective it is."

"People had become so used to the old health messages, especially because of tobacco companies' carefully crafted, slick designs, that they missed the message that cigarettes are deadly," she said.

Some of the new warnings are:

- Smoking can cause a slow and painful death.
- Smoking may reduce the blood flow and cause impotence.
- Smoking when pregnant harms your baby.

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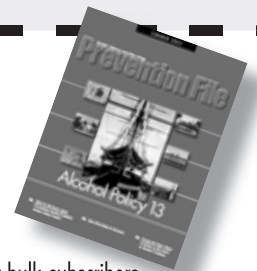
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Ten Years Ago in *Prevention File* (Vol. 3, No. 3, Summer 1993)

TOBACCO TAXES: HOW TO RAISE BILLIONS OF DOLLARS WHILE SAVING MILLIONS OF LIVES

By David Sweanor, JD

 In 1991 Canadian federal and provincial governments collected an average of \$3 in tobacco taxes on each pack of cigarettes, compared to 52 cents in the United States. David Sweanor, legal counsel for Canada's Non-Smokers' Rights Association, has worked on tobacco control issues for the past decade and was a leader in the campaign to increase tobacco taxes in Canada. In this article he offers his views on what the United States should do about tobacco taxes.

In the current debate about health care reform in the United States, there has been a great deal of interest in Canada's health care delivery model. While we Canadians appreciate that attention, we have another health care model for the United States. Over the past decade Canada has adopted measures that have reduced consumption of tobacco at a rate surpassing all other nations.

There are many reasons for Canada's success in tobacco control. Our ban on tobacco advertising, requirement for large-print health warnings on tobacco products and legislated protection from environmental tobacco smoke have clearly played a role in reducing tobacco use. But by far the most significant measures have been the rapid increase in tobacco taxes

over the past decade. We have found the relationship between tobacco consumption and the price of tobacco to be dramatic.

Canada has not stumbled on some new and mysterious relationship between cigarette prices and smoking rates. The demand for virtually all products is related to their affordability, and that relationship is certainly true for tobacco products. In general, studies have found that for every 10 percent increase in tobacco prices, there is about a 4 percent decline in overall use. For young people, tobacco is at least as price sensitive a product as it is for adults, and possibly much more.

Ironically, the early efforts of Canadian health groups to have tobacco tax policy support public health goals were based on research on the impact of cigarette prices on smoking conducted in the United States. Those early efforts faced initial government intransigence and were met with strong opposition from the Canadian tobacco lobby. However, with each successive victory in increasing tobacco taxes, the importance of taxation in tobacco control became undeniably clear.

Editor's note: According to the Campaign for Tobacco-Free Kids, in 2002 alone, 20 states increased their tobacco taxes. Increasing tobacco taxes is one of the most popular revenue enhancing measures in state legislatures across the nation. Eighteen state legislatures (CT, HI, IL, IN, KS, LA, MD, MA, MI, NE, NJ, NY, OH, PA, RI, TN, UT, VT) raised cigarette taxes in 2002. Also in 2002, Arizona and Oregon increased tobacco taxes by statewide referendum. Most of the tax increases were quite large—40 cents or more per pack. Seven states (AZ, CT, IN, KS, OH, PA, VT) more than doubled their tobacco taxes. Tennessee raised its tax for the first time in 33 years. Tobacco taxes now range from Virginia's 2.5 cents per pack to Massachusetts' \$1.51. Twelve state tobacco taxes are \$1 per pack or more.

